



STATE OF HAWAII—DEPARTMENT OF TAXATION  
**EMPLOYER'S ANNUAL RETURN  
AND RECONCILIATION OF HAWAII  
INCOME TAX WITHHELD FROM WAGES**

FOR CALENDAR YEAR

**AMENDED Return**

**HAWAII TAX I.D. NO. WH**

**FEIN**

**FOR AMENDED RETURNS, ATTACH ANY CORRECTED FORMS HW-2 (OR FEDERAL FORMS W-2C)**

1. Number of HW-2 forms, COPY A, or Federal form W-2, COPY 1 .....1
2. TOTAL WAGES shown on these forms (include COLA,  
3rd party sick leave, and other benefits) .....2
3. TOTAL HAWAII INCOME TAX WITHHELD from wages  
shown on these forms .....3
- 3a. PENALTIES ASSESSED  
ON PERIODIC RETURNS .....
- 3b. INTEREST ASSESSED  
ON PERIODIC RETURNS.....
- 3c. TOTAL AMOUNT DUE (Add lines 3, 3a, and 3b).....3c
4. TOTAL PAYMENTS OF TAXES WITHHELD (including any penalty or interest paid with  
the periodic returns; Amended Returns, also include amount paid with original HW-3) .....4
5. AMOUNT OF CREDIT TO BE REFUNDED (line 4 minus line 3c).....5
6. AMOUNT OF TAXES now due and PAYABLE (line 3c minus line 4).....6
7. **FOR LATE  
FILING ONLY**   
7a. PENALTY.....  
7b. INTEREST .....
8. TOTAL AMOUNT now due and PAYABLE (Add lines 6, 7a, and 7b).....8
9. If there is an amount due on line 8, indicate the method of your  
payment. ....9

EFT

CHECK or MONEY ORDER

10. Enter AMOUNT of payment. Attach your check or money order payable to  
“Hawaii State Tax Collector” in U.S. dollars drawn on any U.S. bank to Form HW-3.  
Write the filing period and your Hawaii Tax I.D. No. on your check or money order.
- IF NO PAYMENT, ENTER “0.00.” You may also e-pay at: [hitax.hawaii.gov](http://hitax.hawaii.gov).....10

**AMOUNT OF PAYMENT**

Please file two copies of this form  
together with the Statements of Hawaii  
Income Tax Withheld and Wages Paid  
(copy A of Form HW-2 or copy 1 of federal  
Form W-2).

THE SPACE BELOW RESERVED FOR DEPARTMENTAL USE

I declare under the penalties set forth in section 231-36, HRS, that this is a true  
and correct return, prepared in accordance with the withholding provisions of the  
Hawaii Income Tax Law and the rules issued thereunder.

SIGNATURE	DATE
TITLE	DAYTIME PHONE NUMBER (      )

**SIGN THE RETURN AND MAIL TO:**

Hawaii Department of Taxation  
P.O. Box 3827  
Honolulu, HI 96812-3827

Form HW-3